

Wednesday, December 8, 2004

New food handler requirement effective Jan. 1

January 1 is a key date in the world of Scott Gilliam, Indiana State Department of Health Food Protection manager.

It's when the new state **certified food handler requirement** takes effect and years of work will be put into place.

Passed by the Indiana General Assembly as Senate Bill 404 in 2001, the new law requires that Indiana food establishments have at least one certified food handler on staff.

While Gilliam said there is no requirement for the number of hours this individual must work or the level of position the person has, it does require that a certification test be passed.

"This is a proactive step for the ISDH and Indiana, and a very exciting process for Indiana that should ultimately translate into fewer disease outbreaks."

--Scott Gilliam

Food Protection manager

The test, administered by outside organizations not affiliated with the ISDH, is based on the latest Food and Drug Administration (FDA) model food code.

"This test covers all aspects of the food code from seafood to storage, to employee health and disease reporting, to food temperatures," said Gilliam.

The advantage of the broad scope of the test is that the individuals will be up to date on the entire

code, and will be able to use their certification at any type of food establishment.

"It makes you more marketable," said Gilliam, explaining that food establishments could be more open to hiring those already certified.

One often confusing aspect of the new law, said Gilliam, is that training is not required, although organizations are offering it.

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ISDH responds to flu vaccine shortage



The ISDH flu work group includes: (front, l to r) Terry Whitson, Assistant Commissioner; Charlene Graves, M.D., Immunization; Shawn Richardson, Epidemiology Resource Center; Pam Pontones, Epidemiology Resource Center; and Steve Sellers, Immunization. (Back, l to r) Wendy Gettelfinger, R.N., Assistant Commissioner; State Health Commissioner Greg Wilson, M.D.; Robert Teclaw, D.V. M., Epidemiology Resource Center; Liz Carroll, J.D., Deputy State Health Commissioner; Michael Runau, Immunization; Randy Snyder, Long Term Care; and Andy Zirkle, Office of Public Affairs.

By Andy Zirkle

Things can change rapidly in public health.

That's a lesson I learned while attending the National Public Health Information Coalition Annual Conference in Boston earlier this fall.

On the morning of October 5, an official from the Centers for Disease Control and Prevention (CDC) gave an update on the coming influenza season. The report included the assurance that the supply of influenza vaccine is expected to easily meet demand.

However, less than one hour later, the same official returned to the podium and told the audience to disregard his earlier comments about vaccine supply.

He then informed the room full of public information officers from state and local health departments nationwide that the nation's flu vaccine supply is being cut in half because of manufacturing problems with one of the two major suppliers, Chiron.

GROANS could be heard throughout the room

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FLU

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before we were dismissed for our morning break. I quickly grabbed my phone and darted out of the room to give the bad news to my supervisor, Office of Public Affairs Director Margaret Joseph.

As I looked down the corridor, I could see 20-30 of my colleagues from other states on their phones doing the same thing. After uttering her own groan, Margaret quickly went to work gathering information for the inevitable onslaught of media calls.

The ISDH issued two news releases in the next two days to explain the situation and how it would affect Indiana.

THUS began the ISDH's efforts to make sure the suddenly depleted supply of flu vaccine is administered to those most in need.

The ISDH also issued its own appeal for providers and clinics to only administer vaccine to people in the high-risk populations specified by the CDC.

Within days of the initial announcement, a flu vaccine work group had been formed to coordinate the ISDH's efforts to monitor the flu vaccine supply situation in Indiana.

The group, headed by Medical Director Charlene Graves, M.D., included representatives from several divisions, including the Epidemiology Resource Center, Immunization, Long-Term Care, Public Affairs, and Legal Affairs.

TOGETHER, the group worked to determine where the greatest needs existed so that information could be sent to federal officials working on national distribution plans with the remaining supplier, Aventis-Pasteur.

State Health Commissioner Greg Wilson, M.D. issued a proclamation on October 22 that reiterated the ISDH's commitment to work through this crisis, and also re-stated

the appeal to providers to give flu shots only to those people in high-risk populations.

A news release was issued in conjunction with the proclamation, as heavy media interest in the shortage continued.

MEMBERS of the work group

The CDC issued new guidelines for who should receive a flu shot this season:

- ◊ **Adults 65 years of age or older**
- ◊ **People 24 months to 64 years of age with chronic medical conditions**
- ◊ **Children 6 to 23 months of age**
- ◊ **Women who are pregnant during influenza season**
- ◊ **Residents of long-term care and nursing home facilities**
- ◊ **Persons age 6 months to 18 years on long-term aspirin therapy**
- ◊ **Health care workers with direct patient contact**
- ◊ **Household contacts and out-of-home caregivers of children 0-6 months of age**

continued to put in long hours to monitor the situation and gather information. Terry Whitson and Randy Snyder led the Long-Term Care Division's efforts to survey Indiana's long-term care facilities, as well as home health and hospice agencies.

By the end of October, an online flu vaccine reporting form where providers could report their current need had been created by Webmaster Robert St. John and was set up on the ISDH Web site. The creation of that form prompted yet another news release. The information was collected and analyzed by Shawn Richards and Liz Hibler from the Epidemiology Resource Center.

All of this information became even more important when it was

learned in early November that the CDC was asking states to guide a final allocation of flu vaccine. Indiana's share of that final allocation was approximately 190,000 doses. Using information gathered through the long-term care surveys and the online reporting form, the work group developed a plan to distribute the vaccine.

Long-term care facilities and home health and hospice agencies were identified as a top priority, since those residents and patients are at the greatest risk of serious complications and even death resulting from the flu. More than 46,000 doses were ordered just before Thanksgiving and many of those facilities and agencies have already received their much-needed allotment.

THE work is not done. ISDH is now working with providers, many of whom had submitted information using the online reporting form, to work out details of obtaining vaccine for those practices.

Meanwhile, vaccine continues to be shipped and those shipments are expected to continue into January. The news media also continues to request updates on the situation. As these events continue, the work group will also continue its efforts to make sure the vaccine is shipped appropriately and efficiently.



The Indiana State Department of Health *Express* is a biweekly publication for ISDH employees and stakeholders. Words in blue are links that you can access directly if you read the *Express* online. To submit news items, call (317) 234-2817 or send information to: ISDH *Express*, Office of Public Affairs, 2 N. Meridian St., Section 6G, Indianapolis, IN 46204-3003. Inquiries should be directed to:

Julie Fletcher, Editor
Telephone (317) 234-2817
Fax (317) 233-7873
jfletche@isdh.state.in.us
<http://www.statehealth.IN.gov>
Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

SNS part of preparedness efforts

The Indiana State Department of Health's bioterrorism preparedness efforts are funded through two federal grants. Part of one grant funds the ISDH's Strategic National Stockpile preparedness efforts, led by Bruce Farrar.

Below, Andy Zirkle, Public Affairs, and Farrar answer SNS questions.

What is the Strategic National Stockpile?

The Strategic National Stockpile (SNS) is a large reserve of antibiotics, chemical antidotes, and other medical supplies set aside for emergencies. It was created by Congress in 1999 and consists of two parts: A 12-hour "push package," and the Vendor Managed Inventory (VMI).

The 12-hour "push packages" consist of pre-packaged medications and medical supplies and are positioned in undisclosed, strategically located, secure warehouses throughout the United States.

The Centers for Disease Control and Prevention (CDC) reports that

it has the capacity to move these push packages to affected areas in the United States within 12 hours of notification.

The Vendor Managed Inventory is a federally owned, vendor-managed cache of drugs and medical supplies that would follow a 12-hour push package, if needed.

When would Indiana request the Strategic National Stockpile?

The state of Indiana will request the Strategic National Stockpile during a large-scale public health emergency when it becomes evident that local supplies of pharmaceuticals and medical materials will not be sufficient.

These supplies can reach Indiana within hours of a request from the governor. The federal government would transfer authority for the SNS material to state and/or local authorities once it arrives at a designated receiving and storage site.

State and/or local authorities will then begin the breakdown of

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County health official honored

Louise A. Anderson, R.N., director of operations at the Vigo County Health Department, was recently honored with the Executive Director's Citation for her contributions to public health at the 132nd American Public Health Association Annual Meeting in Washington, D.C.

Anderson has 15 years of experience in public health at both the local and state health department levels.

Celebrate

Her nursing career began in 1970, when she worked as a staff nurse and an emergency room charge nurse for St. Joseph Hospital in Huntingburg, Indiana.

She also worked at Union Hospital in Terre Haute, at the Indiana State University School of Nursing, and the Indiana State Department of Health.

MARK YOUR CALENDARS!

Wednesday, December 8

ISDH Benefits open enrollment ends. Contact Human Resources with questions.

Through December 10

Drop off your non-perishable food and toiletry items for the Hoosiers Helping Hoosiers campaign.

Boxes are located in the 2 N. Meridian Street lobby, at the Labs, and Weights and Measures for drop off.

Items will be delivered to the St. Thomas Aquinas Food Pantry in mid-December.

Wednesday, December 15

Bring your favorite dish for the Year-End Bash sponsored by the Employee Incentive Committee and enjoy the opportunity to eat and mingle with fellow co-workers during the holiday season. The bash will be held from 11 a.m. to 4 p.m. in the Executive Board Room, with lunch starting at noon.

Communications kits updated

Watch your mailboxes!

The Office of Public Affairs at the Indiana State Department of Health will be mailing a Communication Kit update to local health departments in the coming weeks.

The mailings will include the updated Indiana State Department of Health Crisis Communication Plan and updated contact lists.

A copy of the 2005 Indiana Media Directory will also be included in the mailing.

For more information, please contact Andy Zirkle, Office of Public Affairs, at 317-233-7306 or azirkle@isdh.state.in.us.

**CRISIS EMERGENCY
RISK COMMUNICATION**

After work club forming

Jan Reynolds, Vital Statistics, is organizing a group of co-workers who would be interested in attending Indianapolis-area cultural events together.

Club members would interact via an e-mail group and it is open to ISDH employees and guests.

The club is not agency sponsored and activities will take place after hours.

For more information, contact Reynolds, at jreycultureclub@yahoo.com.

SNS

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the materials for distribution.

How would the materials be distributed?

During a large-scale, public health emergency, local public health officials in the affected areas would set up "mass prophylaxis" clinics where the public would go to receive any necessary medications or vaccinations.

Strategic National Stockpile materials would be distributed to those clinic sites, based on requests to the ISDH's department opera-

tions center. SNS materials would also be sent to hospitals and other locally designated health facilities that request them.

How would I know where to get help?

Local health departments would use a variety of communications resources, including the local media, to let the public know where they should go to receive necessary medications or vaccinations.

Is Indiana prepared to receive and distribute the Strategic National Stockpile, if necessary?

The state of Indiana, and espe-

cially the Indiana State Department of Health, has participated in numerous trainings and exercises to help develop and test plans for the receipt and distribution of Strategic National Stockpile materials.

These efforts are ongoing and plans are constantly being reviewed and, if necessary, revised to ensure that the state is as prepared as possible to respond to an event that would require the use of SNS materials.

To date, the Strategic National Stockpile has not been activated in Indiana.

FOOD

(Continued from page 1)

"The law only requires you to pass the test, not that you have to attend training," he said.

As one of the nearly 20 states to adopt such a requirement, Gilliam said Indiana is taking a proactive approach to food protection.

"This requirement will increase food safety knowledge, will help prevent food safety violations, and in turn, should prevent foodborne

illnesses," said Gilliam.

He cites an FDA nationwide study that randomly inspected a variety of different types of food establishments.

"They found that on average, those facilities with certified food handlers had fewer violations," said Gilliam.

There are certain exemptions to the law based on various reasons. These include residential

care facilities, hospitals, nursing homes, public/private communities, and mental health centers. Gilliam is confident there will be a smooth transition on January 1.

"This is a proactive step for the ISDH and Indiana," he said, "and a very exciting process for Indiana that should ultimately translate into fewer disease outbreaks."

For more information, contact Gilliam at 317-233-7467.